

VERMONT'S HEALTH CARE REFORM

Frequently Asked Questions

- **Is the amount of premium assistance I can receive for the Catamount Health plan or for my employers' health insurance plan based on income, or income and assets?**

The premium assistance amount you may receive under either premium assistance program will depend on your income (NOT INCOME AND ASSETS).

- **Will the premium cost of Catamount Health increase over time?**

The unsubsidized cost of purchasing Catamount Health will increase each year as the carriers submit their rates to the Department of Banking, Insurance, Securities and Health Care Administration (BISHCA) based on previous years' experience. BISHCA will play an active role in reviewing these rates before they are approved.

The premium assistance subsidy amounts (for people under 300% of the federal poverty level) are stated in law, and can only increase at a rate indexed to "the overall growth in spending per enrollee in the Catamount Health Plan." This cost will be adjusted annually.

- **Once someone enrolls in a Catamount Health plan, can they keep it as their health insurance plan forever?**

If they enroll in the Catamount Health Plan without premium assistance (i.e., they purchase the product at its full price), they can keep Catamount Health as their insurance plan for as long as they want unless they become eligible for Medicaid or VHAP.

If they receive premium assistance to enroll in Catamount Health, there will be an annual process to review whether they are still eligible for premium assistance (i.e. are under 300% FPL), what level of premium assistance they are eligible for (i.e. which FPL bracket they are in), and if they have gained access to Employer-Sponsored Insurance (ESI) (in which case, an assessment would be conducted to determine if it would be more cost-effective to the state to provide premium assistance for their ESI instead of Catamount Health). If the ESI plan is more cost-effective, the person would be required to enroll in ESI.

- **Does Medicare eligibility affect eligibility for Catamount?**

Yes, if you are not enrolled in a Catamount Health Plan and enroll in Medicare, you will not be eligible to enroll in a Catamount Health Plan. However, if you are already enrolled in a Catamount Health Plan and then become eligible for Medicare, you can choose to continue to stay enrolled in the Catamount Health Plan.

- **Can people receiving premium assistance move between Catamount Health and their Employer-Sponsored Insurance (ESI) depending on their circumstances?**

If someone is on the Catamount Health Assistance Program (CHAP) and then gains access to Employer-Sponsored Insurance (ESI), they can continue to get premium assistance if their income remains below 300% federal poverty level. The state will conduct an analysis to determine whether it is more cost-effective to provide premium assistance to enroll in the ESI plan or to stay on Catamount.

- **For someone who originally was enrolled in Catamount Health and then the state determines that it is more cost-effective to provide premium assistance for their ESI instead of Catamount, can the person ever return to Catamount if they lose their ESI?**

If a person is enrolled in ESI premium assistance and loses eligibility for the ESI plan, he or she may enroll in Catamount Health, and depending on income level at that point, receive premium assistance.

If a person is enrolled in ESI without premium assistance and loses eligibility for ESI, he or she may enroll in Catamount Health only if the loss of ESI eligibility was for a reason allowable under the law (e.g. death of or divorce from the policy holder or loss of employment). If one of the exceptions is not met, the person must be uninsured for 12 months to qualify for Catamount Health.

- **If an employee gets a state subsidy to enroll in ESI or Catamount or if they are enrolled in Medicaid or VHAP, does this employee count towards the FTEs that the employer must include in their Employer Health Care Contribution payment calculations?**

Employees who receive the ESI subsidy are participating in the employer's plan, so they would not be included in the FTE calculation.

Any employee whose health coverage is not supported in some way by the employer must be included in the FTE calculation with one exception. The exception is for employees who refuse to participate in the employer's plan and have other coverage. The only scenario where an employee would have Catamount coverage when the employer offers coverage is if the employee has an income at or below 300% and the State has concluded that providing assistance to the employee to enroll in the Catamount Health plan is less costly than providing assistance to enroll in their ESI plan. Under this scenario, the employee would be considered to have coverage for purposes of the Employer Health Care Contribution calculation. (Employees with incomes over 300% of the federal poverty level cannot enroll in Catamount Health if they have access to approved Employer-Sponsored Insurance).

If an employer offers coverage and an employee refuses coverage and s/he is enrolled in VHAP (with or without premium assistance) or enrolled in Medicaid, this employee should NOT be included in the Employer Health Care Contribution calculation because they have coverage.